

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003422

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: RADIO LOLLIPOP (USA), INC.

## Current Principal Place of Business:

MIAMI CHILDREN'S HOSPITAL  
3100 SW 62ND AVE  
MIAMI, FL 33155 US

## New Principal Place of Business:

## Current Mailing Address:

MIAMI CHILDREN'S HOSPITAL  
3100 SW 62ND AVE  
MIAMI, FL 33155 US

## New Mailing Address:

FEI Number: 65-0453695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEYMAN, LYNN  
C/O MIAMI CHILDREN'S HOSPITAL  
3100 SW 62ND AVE  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: FINN, HEDLEY  
Address: CARSHALTON, SURREY SM5 4NR  
City-St-Zip: ENGLAND, OC

Title: D ( ) Delete  
Name: HUGHES, JOHN V  
Address: BOUVERIE HOUSE, 154 FLEET ST  
City-St-Zip: LONDON, EC

Title: CS ( ) Delete  
Name: TANNEBAUM, RHONI  
Address: 3100 SW 62ND AVE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: HUCK, DONNA  
Address: 1105 HARDEE ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: HEYMAN, LYNN  
Address: 5810 SW 94 PL  
City-St-Zip: MIAMI, FL 33173

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DOLAN, PATRICIA O  
Address: 6621 FANNIN STREET MC-1-3260  
City-St-Zip: HOUSTON, TX 77030

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BLEDSOE, DANA B  
Address: CHILDREN'S HOSPITAL OF ORANGE COUNTY  
City-St-Zip: ORANGE, CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN HEYMAN

DIR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date